

**NONRESIDENT AGENT****REQUIREMENTS AND PROCEDURE FOR OBTAINING  
A LICENSE AND GENERAL INFORMATION****QUALIFICATIONS**

Applicant must hold a valid agent's or broker's license in his or her state of residency in the kinds of insurance for which the applicant is seeking a nonresident license in Nebraska.

Applicant shall be at least 19 years of age.

Applicant shall be competent, trustworthy and financially responsible and have a good personal and business reputation.

**FILING REQUIREMENTS**

1. Application for Insurance Agent's License DOI-9001. Both sides of the application must be completed in it entirety, signed and notarized.
2. An original home state certification not more than 90 days old. No other document will be accepted in lieu of the home state certification. The certification is obtained from the applicant's home state insurance department.
3. A check in payment of the license fee. **Refer to the Schedule of Fees below.**

**LICENSE FEES - NONRESIDENT AGENT'S**

Initial Application Fee .....	\$ 40.00
Renewal Fee (Two-Year License) .....	80.00
Late Re-issuance Fee (within 30 days after expiration)...	160.00

**REINSTATEMENT**

Effective August 28, 1999 any license being reinstated after 30 days and up to 36 months from the expiration of the license an individual may reinstate such license by completing the application and submitting it to this Department with a reinstatement fee. A new appointment must be submitted.

Reinstatement fee.....\$100.00

## **DURATION OF LICENSE**

Initial individual licenses are issued to expire the last day of the month in the licensee's birth month in the first year after issuance in which licensee's age is divisible by two.

Therefore, individuals born in even numbered years renew their license on their birthday in the even numbered years and individuals born in odd numbered years renew their license on their birthday in the odd numbered years.

## **RENEWAL INSTRUCTIONS**

Renewal instructions will be mailed to the licensee's business approximately 90 days prior to the expiration of the licensee.

## **LINES OF INSURANCE**

An agent may become licensed to write one or more of the following lines of insurance:

- |   |                                     |
|---|-------------------------------------|
| (1) Property and Casualty                     | (9) Miscellaneous                   |
| (2) Life Insurance and Annuities              | (a) Automobile                      |
| (3) Variable Contracts                        | Mechanical Breakdown                |
| (4) Sickness, Accident and Health             | (b) Prepaid Legal                   |
| (5) Credit Life/Credit Accident<br>and Health | (c) Motor Club                      |
| (6) Title                                     | (d) Prepaid Dental                  |
| (7) Crop                                      | (e) Health Maintenance Organization |
| (8) Assessment Association                    | (f) Unemployment Credit Insurance   |
|   | (g) Group Credit Property           |

## **AGENT'S APPOINTMENT**

The agent appointment shall be valid upon execution if the appointment is mailed to the Department within ten days of execution, and if the person holds a valid agent's license in the line or lines for which the insurer is requesting the appointment.

If the appointment of a licensed agent by an insurance company is terminated, the insurer shall give written notice of the termination and the effective date of such termination to the Director within five working days of the termination and to such agent when reasonably possible. The Director may require the insurer to demonstrate that he or she has made a reasonable effort to give such notice to the licensed agent.

## **AGENCY LICENSE**

Agency definition - Insurance agency shall mean partnership, unincorporated association, or corporation transacting or doing business with the public or insurance companies as an insurance agent or broker.

No person shall act as or hold himself, herself, or itself out to be an insurance agency until such person has procured a license in this state. No license shall be granted to an insurance agency unless the agency designates a licensed agent or broker who shall have full responsibility for the conduct of all business transactions of the insurance agency within the state relative to insurance. Such designated agent or broker shall be either an officer or a member of the agency and shall have either (1) more than a nominal financial interest in the agency, or (2) be an active participant in the management of the agency. Any individual associated with a licensed agency who solicits insurance shall be a licensed agent or broker.

No agency shall pay any commission to anyone other than a licensed agent or broker and no licensed agent or broker shall assign any commissions to any unlicensed agency.

Sole Proprietorships - are required to obtain an insurance agency license if the sole proprietorship falls within the agency definition above or the sole proprietorship holds itself, himself or herself out to be an insurance agency.

To obtain any insurance agency license, form number DOI-9002 Application for Insurance Agency License must be completed and submitted to the Department of Insurance together with the appropriate license fee.

## **AMENDED LICENSE - Form #DOI-9110**

To add or delete lines of insurance to an existing agent's license, the applicant submits Form #DOI-9110 and an original home state certification not more than 90 days old.

If a new license is requested, a check in the amount of \$5.00 must be remitted with the form.

## **CHANGE OF ADDRESS**

Every person licensed under the Insurance Producers Licensing Act shall notify the Department within thirty days of any change in such person's residential or business address.

Any person failing to provide such notification shall be subject to a fine by the Director of not more than five hundred dollars per violation, suspension of the person's license until the change of address is reported to the Department, or both.

Form #DOI-9110 must be submitted to report a change of address.

## **COMPENSATION**

Unless otherwise authorized by law, an insurer, broker, or agent shall not pay any commission, brokerage, or other valuable consideration to any person for services rendered in this state as an agent or broker unless such person has been appointed by the insurer, is licensed as a broker in this state, or held at the time such services were rendered a valid license for the line of insurance as required by the laws of this state for rendering such services. Any person licensed under the Insurance Producers Licensing Act may pay or assign any commissions or direct that any commissions be paid to a licensed insurance agent with which such person is associated. This section shall not prevent the payment or receipt of renewal or deferred commissions to or by any person entitled to such renewals or any valid collateral assignment of commissions by a licensed agent to satisfy a debt obligation.

## **FIDUCIARY CAPACITY**

Every person acting as an insurance agent, broker, or agency in this state shall be responsible in a fiduciary capacity for all funds received or collected as an insurance agent, broker or agency. Nothing in this section shall be construed to require any person to maintain a separate bank deposit if the funds of each principal are clearly ascertainable from the books of accounts and records of that person.

## **RECORDS MAINTENANCE**

Every person licensed as an insurance agent, insurance broker, or insurance agency shall keep at his, her, or its place of business the usual and customary records pertaining to transactions under his, her, or its license. All records shall be kept available and open to the inspection of the director or his or her representatives at any time during business hours. Records shall be maintained for three years following the completion of any insurance transaction.

## **IDENTIFICATION OF AGENT ON POLICIES**

All policies and applications, the solicitation of which involved an insurance agent, insurance broker, or insurance agency, shall identify the name of each such agent, broker and agency. If the application is attached to the policy upon issuance, the required identification may be contained in either the application or the policy.

Reasonable accommodations for disabled persons available upon request. Phone (402) 471-4913. TDD users phone 1-800-833-7352 for relay to (402) 471-2201.

STATE OF NEBRASKA  
DEPARTMENT OF INSURANCE  
941 "O" STREET, SUITE 400  
TERMINAL BUILDING  
LINCOLN, NE 68508-3639

e-mail: [licensing@doi.state.ne.us](mailto:licensing@doi.state.ne.us)  
LICENSING (402) 471-4913  
SWITCHBOARD (402) 471-2201  
FAX (402) 471-6559

**NAIC MIDWEST ZONE UNIFORM APPLICATION FOR  
INDIVIDUAL RESIDENT/NONRESIDENT LICENSE**

(Please PRINT or TYPE)

Please read carefully and complete all necessary information.

**PART I--LICENSE AND FEE INFORMATION**

STATE FOR WHICH APPLICATION IS SOUGHT: \_\_\_\_\_ FEE ENCLOSED: \$ \_\_\_\_\_

- A. Check one: ☐ New license ☐ Amended License ☐ Reinstatement
- B. Check one: ☐ Resident (Attach a letter of clearance if you were a resident in another state) ☐ Non-Resident (Attach a certification letter)

**PART II -- IDENTIFICATION**

- A. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ B. Date of Birth: (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_
- C. Full Legal Name of Applicant \_\_\_\_\_  
Last Name First Name M.I. JR., SR.
- D. Residence Address \_\_\_\_\_  
Street Address is Required  
\_\_\_\_\_  
County City State Zip
- E. Home Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_
- F. Are you a citizen of the United States? ☐ Yes ☐ No (If NO, of which country are you a citizen?) \_\_\_\_\_

**PART III -- BACKGROUND INFORMATION**

- A. Do you now hold or have you ever held an insurance license in another state in the U.S. or the provinces of Canada?  
☐ Yes ☐ No If YES, and the license is still in force, attach a certification letter from your home state. If the license is not in force, attach a letter of clearance from the last state where you held a resident license.
- B. Has any disciplinary action, including but not limited to, refusal, suspension, revocation, ever been taken by any regulatory agency in any state or any province of Canada against you or any business with which you have been directly connected?  
☐ Yes ☐ No If YES, provide full explanation on a separate sheet of paper.
- C. Have you ever been convicted of or pled nolo contendere (no contest) to any misdemeanor or felony or currently have pending misdemeanor or felony charges filed against you? (Misdemeanor does not mean minor traffic violations.)  
☐ Yes ☐ No If YES, give date, name and address of court, basis of charge, outcome and whether you received an executive pardon. Also attach certified copies of the information or indictment and the final adjudication.
- D. Are you an officer, director or employee of a lending institution (bank, savings and loan or other such institution, which accepts deposits and lends money) or of a bank holding company or an affiliate or one of the above?  
☐ Yes ☐ No If YES, give name and address of institution \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** This completes the uniform portion of the application. You must now complete the state-specific page (or pages) for the state(s) in which you will apply. The Applicant's signature and certification is included on the state-specific page(s). YOUR APPLICATION IS NOT COMPLETE AND WILL BE REJECTED IF ALL PAGES ARE NOT SUBMITTED.

**NEBRASKA-SPECIFIC INSURANCE AGENT'S APPLICATION**  
**Terminal Building**  
**941 "O" Street, Suite 400**  
**Lincoln, NE 68508-3639**  
**e-mail: [licensing@doi.state.ne.us](mailto:licensing@doi.state.ne.us)**

**PART IV**

A. Name of Applicant \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last First Middle

B. Business Address \_\_\_\_\_  
Name of Firm or Agency (if applicable)

\_\_\_\_\_

Street Address

\_\_\_\_\_

City State Zip Code

C. Male ☐ Female ☐ Age \_\_\_\_\_

**PART V -- QUALIFICATIONS REQUESTED (Check appropriate boxes)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 1. Property and Casualty   | <input type="checkbox"/> 7. Crop/Hail                       | <input type="checkbox"/> e. Health Maintenance Organization         |
| <input type="checkbox"/> 2. Life Insurance and Annuities  | <input type="checkbox"/> 8. Domestic Assessment Association | <input type="checkbox"/> f. Unemployed Credit Insurance             |
| <input type="checkbox"/> 3. Variable Contracts (Proof of passage<br>of NASD or SEC examination<br>must be submitted with this<br>application) | <input type="checkbox"/> 9. Miscellaneous                   | <input type="checkbox"/> g. Group Credit Property                   |
| <input type="checkbox"/> 4. Sickness, Accident, Health  | <input type="checkbox"/> a. Auto Mechanical Breakdown       | <input type="checkbox"/> h. Please Specify (Limited Lines)<br>_____ |
| <input type="checkbox"/> 5. Credit Life/Credit Accident and Health  | <input type="checkbox"/> b. Prepaid Legal                   |   |
| <input type="checkbox"/> 6. Title   | <input type="checkbox"/> c. Motor Club                      |   |
|   | <input type="checkbox"/> d. Prepaid Dental                  |   |

**Limited:**

- ☐ Ticket Selling Agent Travel Insurance
- ☐ Home Office Employee or Branch Office Employee of  
Insurer or of General Agent - Compensated by Salary Only.

**PART VI - FEES**

New License Fee: **Resident - \$20.00 Nonresident - \$40.00**. Reinstatement Fee (31 days up to 36 months from expiration) **Resident and Non-Resident \$100.00**. A check in payment of a new or reinstatement of license must be submitted with the application for license. **Amended License - \$5.00**

\_\_\_\_\_  
In Support of This Application, I Certify That I Understand That I Have The Duty To Provide Truthful And Correct Answers To The Above Questions And That This Application May Be Denied If Any Answers Are Found To Be Incorrect Or Incomplete. I Certify That My Answers As Above Given Are True And That No Fact Has Been Omitted. I Further Certify That The Department Of Insurance Will Be Notified Within 30 Days Of Any Change Of Address From That Set Forth In This Application.

**Sign  
Here**

Applicant's Signature

Date

State of \_\_\_\_\_

Subscribed to in my presence and duly sworn this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

STATE USE ONLY	License Number	Date Issued	Expiration Date	Fee Paid
				\$

## REQUEST FORM FOR AGENT'S BROKER'S AND CONSULTANT'S

NAME

SOCIAL SECURITY NUMBER

### OPTIONS

- |                                |                        |
|--------------------------------|------------------------|
| 1. Change of Address           | 5. Letter of Clearance |
| 2. Change of Name              | 6. Duplicate License   |
| 3. Correct Social Security     | 7. Certification       |
| 4. Change of License Authority |                        |

When requesting option 1 through 4, no fee is required **unless a new license is requested.**

**If a new license is requested, a fee of \$5.00 must be submitted with this form.**

When requesting option 5, 6 or 7, a fee of \$5.00 must be submitted with this form.

### Check Appropriate Box Below

☐ DO NOT ISSUE NEW LICENSE (No Fee Required)      ☐ ISSUE NEW LICENSE (\$5.00 Fee Required)

1. ☐ **CHANGE OF ADDRESS**      Nonresident licensees moving to a new state of residency must submit an original home state certification not more than 90 days old.

### FROM

BUSINESS - NAME OF FIRM

STREET      SUITE OR BOX

CITY      STATE      ZIP CODE

### FROM

RESIDENCE

STREET

CITY      STATE      ZIP CODE

2. ☐ **CHANGE OF NAME**

FROM

3. ☐ **SOCIAL SECURITY NUMBER**

FROM

4. ☐ **CHANGE OF LICENSE AUTHORITY**

☐ ADD LINE(S)      ☐ DELETE LINE(S)      The following Line(s) of insurance To/From my existing license:

TO

TO

**Note:** When requesting a license in Line (3) Variable Contracts proof of passage of the NASD or SEC examination must be attached to this form. When adding lines to an existing license, a nonresident licensee must submit an original home certification not more than 90 days old.

5. ☐ **LETTER OF CLEARANCE (\$5.00 Fee Required)**

I have moved from Nebraska to the State of \_\_\_\_\_. Please cancel all my existing Nebraska resident insurance licenses and forward a letter of clearance to the following address(es):

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6. ☐ **DUPLICATE LICENSE (\$5.00 Fee For Each Duplicate)**

I hereby certify that my license has been lost, stolen, or destroyed. Following is my statement concerning the facts of such loss.

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☐ AGENT    ☐ BROKER    ☐ CONSULTANT    ☐ SURPLUS LINES

7. ☐ **CERTIFICATION (\$5.00 Fee For Each Certification)**

I am applying for a nonresident license in the State(s) of \_\_\_\_\_.

Please issue a certification of my Nebraska license status.

**INCLUDE A SELF-ADDRESSED, STAMPED ENVELOPE WHEN ORDERING A CERTIFICATION.**

Mail Certification(s) to:

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**Note: To assure that the information requested herein is applied to the correct license record, it is essential that you provide your social security number.**

Mail to:

**Nebraska Department of Insurance  
Terminal Building  
941 "O" Street, Suite 400  
Lincoln, NE 68508-3690**

Subscribed to in my presence and duly sworn this

\_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

State \_\_\_\_\_

County of \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

**Important: This form must be signed by the licensee, and when requesting Options 2, 3, 5 or 6, the form must be notarized.**